Major Donor and			COMMITTEE STATEMENT			
Independent Expenditure Comm Campaign Statement (Government Code Sections 84200-84216.5)	or print in ink.	Date Stamp	CALIFORNIA FORM	461		
☐ Amendment	Statement covers period	Date of election if applicable: (Month, Day, Year)	1	1/2		
Amendment	from07/01/2017	(MOIIII, Day, rear)		For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through12/31/2017	.				
1. Name and Address Of Filer		3. Summary		•		
NAME OF FILER (Include name(s) of all affiliated entities whose contri Eli Lilly and Company and Subsidiaries		(Amounts may be rounded to wh  1. Expenditures and cont  (including loans) of \$10  made this period. (Part	ributions 00 or more	¢	15400.00	
MAILING ADDRESS	(NO. AND STREET)	2. Unitemized expenditure	,	φ ——		
CITY	STATE ZIP CODE	contributions (including \$100 made this period.	loans) under	\$ —	0.00	
Indianapolis RESPONSIBLE OFFICER (If filer is other than an individual)	IN 46285  AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add	Lines 1 + 2.)	SUBTOTAL \$ —	15400.00	
Thomas W. Hiltachk		4. Total expenditures and				
2. Nature and Interests of Filer (Cor		made from prior statem amount from Line 5 of	•			
A FILER THAT IS AN INDIVIDUAL MUST LIST THE NA OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME	ME, ADDRESS, AND BUSINESS INTERESTS , ADDRESS, AND NATURE OF THE BUSINESS	filed. If this is the first				
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente		\$ —	60000.00	
		5. Total expenditures and (including loans) made				
ADDRESS OF EMPLOYER/BUSINESS	1	January 1 of the currer (Add Lines 3 + 4.)	nt calendar year.	TOTAL \$	75400.00	
A FILER THAT IS A BUSINESS ENTITY MUST DESCR	IBE THE BUSINESS ACTIVITY IN WHICH IT IS	4. Verification				
Pharmaceutical Research and Manufacturing		I have used all reasonable reviewed the statement an	nd to the best of my kr	nowledge the inform	ation	
☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE	A SPECIFIC DESCRIPTION OF ITS INTERESTS	contained herein is true ar the laws of the State of Ca				
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS EN COMMON ECONOMIC INTEREST OF THE GROUP OF		Executed on	SI	/. Hiltachk  GNATURE OF INDIVIDUAL DON BLE OFFICER IF OTHER THAN		

## Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AN
MAJOR DONOR COMMITTEE STATEMEN

Statement covers period		CALIFORNIA	161
from	07/01/2017	FORM	461
through	12/31/2017	2/2	
unougn			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eli Lilly and Company and Subsidiaries

## 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
11/21/2017	California African American PAC  Los Angeles CA 90017  ID: 1383298 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		California African American PAC Other General Purpose Committ  NO:  Support Doppose	5000.00 ee	\$Calendar Year  \$Calendar Year  \$
11/28/2017	Chad Mayes for Assembly 2018  Sacramento CA 95814  ID: 1392882 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Chad Mayes State Assembly Person Assembly District  NO: 42  ☐ Support ☐ Oppose	2500.00	\$ 2500.00 Other
12/12/2017	Blanca Rubio for Assembly 2018  Sacramento CA 95814 ID: 1393364 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Blanca Rubio State Assembly Person Assembly District  NO: 48  Support Oppose	2900.00	\$ 2900.00 Other
12/12/2017	Independent Voter PAC  San Diego CA 92104 ID: 1347154 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		NO:  □ Support □ Oppose	ee 5000.00	Calendar Year  \$  Source  Support
				SUBTOTAL \$	15400.00	

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660